NOV 0 8 2005

RECEIVED

CENTRAL FAX CENTER



HAMRE, SCHUMANN,

AN INTERNATIONAL INTFILECTUAL PROPERTY LAW FIRM

FAX TRANSMISSION

November 8, 2005

TO:

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

612-455-3801

FROM: Douglas P. Mueller

OUR REF: 10873.1672USWO

TELEPHONE: (612) 455.3800

Total pages, including cover letter:

PTO FAX NUMBER: 571.273.8300

If all pages are NOT received, please call us at 612.455.3800 or fax us at 612.455.3801.

5

Title of Document:

Submission of Supplemental Declaration

Applicant:

KIMURA, et al.

Serial No.:

10/530528

App. Filed:

October 6, 2005

Group Art No.: 2873

Please charge any additional fees or credit overpayment to Deposit Account No. 50-3478. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

> Dollelas P. Mueller Name:

Reg. Not: 30,300

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Reggy J. Kerkhove

November 8, 2005

Date

RECEIVED **CENTRAL FAX CENTER**

NOV 0 8 2005

S/N 10/530,528

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

KIMURA

Examiner:

Unknown

Serial No.:

10/530,528

Group Art Unit:

2873

Filed:

October 6, 2005

Docket No.:

10873.1672USWO

Title:

ZOOM LENS, VIDEO ENLARGING/PROJECTING SYSTEM, VIDEO

PROJECTOR, REAR PROJECTOR, AND MULTIVISION SYSTEM

CERTIFICATE UNDER 37 CFR 1.6(d): I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on November 8.

2005.

SUBMISSION OF SUPPLEMENTAL DECLARATION

Commissioner for Patents P. Q. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In connection with the above-identified application, enclosed please find an originally signed Supplemental Combined Declaration and Power of Attorney. The Declaration submitted on April 6, 2005 did not contain a complete list of foreign applications claimed under 35 U.S.C. § 119.

If a telephone conference would be helpful in resolving any issues concerning this communication, please contact Applicants' primary attorney-of record Douglas P. Mucller (Reg. No. 30,300), at (612) 455.3804.

Respectfully submitted,

HAMRE, SCHUMANN, MUELLER & LARSON, P.C. P.O. Box 2902-0902 Minneapolis, MN 55402-0903 (612) 455-3800

Dated: November 8, 2005

ouglas P. Mueller

R\dg. No. 30,300

DPM/pjk

53148

MEI Form -1.0, Approved for use through 2006-12

Docket No.

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATION

□ Original ⊠ Supplemental □ Substitute □ PCT □ Design

my recidence, nost office address and citizenship are as stated below

nd ioir	my name; and I believent inventor (if plural inventor entitled:	ve that I am the original, rentors are named below)	i) of the subject ma	, post office address and clized ntor (if only one name is listed tter which is claimed and for wi	hich a patent is sought on	
ride: //ULTI	VISION SYSTEM			DEO PROJECTOR, REAR PRI		
which	Is described and claims the attached specifical the specification in the	ation, or e Application No	is not checked, the specification of which is attached hereto): filed on April 8, 2005(if applicable), or			
	and with amendments the specification in Inte filed	s filed on ternational Application No and as a	o. PCT/	(if applica	able).	
as am	ended by any amendme	Jent (8) teterred to above.		of the above-identified specific		
opplie:	tability as defined in Title I hereby claim foreignerion(s) for patent or it	ign priority benefits unde Inventor's certificate, or f	er The 35, United : §385(a) of any PC	States Code, §119 (a-d), §172 T international application which also identified below any forei ling date before that of the app	, or §365(b) of any foreign ch designated at least one	
claime	ed:	APPLICATIO		DATE OF FILING	PRIORITY CLAIMED	
<u> </u>	COUNTRY APPLICATION			15 October 2002	Yes	
				15 October 2002	Yes	
			1030	15 October 2002	Хея	
□ Ad	Iditional foreign or inter	mational application num	ibers are listed on a	a supplemental priority sheet att	ached hereto.	
listed	I hereby claim the d below.	: benefit under Title 35,	United Sizies Co.			
	Number			(Day/Month/Year Fil	ed)	

D Additional U.S. provisional application numbers are listed on a supplemental priority sheet attached hereto.

MEI Form -1.0, Approved for use through 2006-12

Docket No.

612-455-3801

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code \$112, I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which occurred between the filling date of the prior application and the national or PCT international filing data of this application.

	U.S. FILING DATE	STATUS: PATENTED, PENDING, ABANDONED
APPLICATION NO.		

□ Additional U.S. or international application numbers are listed on a supplemental priority sheet attached hereto.

POWER OF ATTORNEY; As a named inventor, I hereby appoint the attorneys and agents associated with U.S. Patent and Trademark Office Customer Number identified beliew to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that customer number.

I hereby authorize the U.S. attorneys and agents associated with the customer number to accept and follow instructions from Matsushita Electric Industrial Co., Ltd., and any affiliated or subsidiary company thereof, received via their corporate representatives and/or their foreign patent attorneys or agents, if any, as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys or agents and myself.

Trademark Office regarding the Press	
Direct Correspondence to:	
Customer Number 53148	
	·

I further declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole of First Inventor	FAMILY NAME KIMURA	GIVEN NAME Syupsuke			Ray 18, 2001
Residence & Citizenahip	CITY Nishinomiya-shi	STATE OR CO	CITY	Japan STATE OR COUNTRY	ZIP CODE
Post Office Address	ADDRESS 33-1-1-501, Higashiyam	adai 2-chome	Nishinomiya-shi	Hyogo, Japan	669-1133

Full Name of Second Inventor	FAMILY NAME TAKAHASHI	GIVEN NAME Masayuki	SIGNATU	Li Takahashi	F SIGNATURE May 18, 200
Residence & Chizenship	CITY Kawanishi-shl	STATE OR COUNTY		COUNTRY OF CITIZEN Japan STATE OR COUNTRY	
Post Office Address	ADDRESS 2-19, Daiwabigashi 4-chome		City Kawanishi-shi	Нуодо, Јарал	666-0111

MEI Form -1.0, Approved for use through 2008-12

Docket No.

	FAMILY NAME	GIVEN NAME	IGNATURE	·	SIGNATURE
uli Name of			Maru Hans	motor Man	18, 20at
hird inventor	УАМАМОТО	STATE OR COUNTRY	COUNT	RY OF CHIZENS	ніР [
Residence & Citizenship	CITY	Ogaka, Japan	Japan		
	Toyonaka-shi	CITY	STATE	OR COUNTRY	ZIP CODE
Post Office Address	ADDRESS	Toyonaka-s	·		560-0056
	2-20-23, Miyayama-cho	1 Byonaka-s			
			SIGNATURE	DATE OF	SIGNATURE
Full Name of	FAMILY NAME	GIVEN NAME	SIGNATORE		
Fourth inventor			90111	TRY OF CITIZENS	HIP
Residence & Citizenship	CITY	STATE OR COUNTRY	CODA	INTO OIL	
Hesidence & Cinzansinh					ZIP CODE
	ADDRESS	CITY	STATI	OR COUNTRY	ZIP 0000
Post Office Address	ADDITION	•	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	<u> L</u>				SIGNATURE:
	T	GIVEN NAME	SIGNATURE	DATE OF	SIGNATURE
Full Name of	FAMILY NAME			_	
Fifth inventor		STATE OR COUNTRY	COU	TRY OF CITIZEN	SHIP
Residence & Chizenship	CITY	STATEOR COOK			0.0
		2004	STAT	E OR COUNTRY	ZIP CODE
Post Office Address	ADDRESS	CITY	3 17.	- •	
Fost Gilleo Aller					
				DATEO	F SIGNATURE
Full Name of	FAMILY NAME	GIVEN NAME	SIGNATURE		• • •
Full Name of Sixth Inventor					VOLUM .
	CITY	STATE OH COUNTRY	cou	NTRY OF CITIZE	Nanir
Residence & Chizenship	Cit				
		CITY	STA	TE OR COUNTRY	ZIP CODE
Post Office Address	ADDRESS		•	<u> </u>	
		GIVEN NAME	SIGNATURE	DATE	OF SIGNATURE
Full Name of	FAMILY NAME	GIAFM WWWE	→ , ——— • —— · ·		
Seventh inventor				UNTRY OF CITIZE	NSHIP
Residence & Citizenship	CITY	STATE OR COUNTRY	-		
Lieburotten et amariant				ATE OR COUNTR	Y ZIP CODE
Post Office Address	ADDRESS	CUA	STA	41 E UN COUNTN	
A 5034 Ottice Wodiess					
li .					

The above application may be more particularly identified a	5 1011077-3
U.S. Application No.	Filing Date
Applicant Reference Number	Attorney Docket No.